

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST  
AMENDMENT

AFTER 2ND  
AMENDMENT

IND

DEP

IND

DEP

IND

DEP

1

2

3

4

5

6

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48

49

50

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

51

52

53

54

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99

100

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS